PTO/SB/21 (01-09)
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103	TR	Application Number	er 1	10/675,377				
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1	[]			First Named Inver	ntor .	Jeyhan Kara	oguz	
کی ا	<i>5</i> /			Art Unit	2	2444		
ENR	(to be used for all o	correction dence of	ter initial filing)	Examiner Name	(Christensen,	Scott B.	
	(to be used for all correspondence after initial filing) Total Number of Pages in This Submission 7			Attorney Docket N	lumber 1	14970US0	2	
		ENC	LOSURES (check all that a	oply)			
	Fee Transmittal Form (1 page, in duplicate) Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request (1 page, in duplicate) Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to C Provisional A Power of Att Change of C Address Terminal Dis Request for CD Number	application corney, Revocation correspondence cclaimer	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Notice of Appeal, 1 page, in duplicate) Proprietary Information Status Letter Return-Receipt Postcard Other Enclosure(s) (please identify below):			
		SIGNAT	URE OF APPLIC	ANT, ATTORNEY, OF	R AGENT			
Firm	l	McAndrews Hel	ld & Malloy, Ltd.					
Sign	ature	/Michael T. Cru	z/					
	Printed Name Michael T. Cruz, Reg. No. 44,636							
Date	Date March 20, 2009							
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 20, 2009								
Nam	e (Print/type)	Michael T. Cruz		Registration No. (Att	omey/Agen	t)	44,636	
Sign	ature	/Michael T. Cru	z/		Date	March 20, 2009		

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Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).				Application Number	10/675,377	7	4	\mathcal{L}	
FEE	MITTAL		Filing Date	September	30, 2003	MAR 2 4 2009	1/8		
f	009	<u> </u> _	First Named Inventor	Jeyhan Ka	raoguz	70	<u>w</u> /		
			⊢	Examiner Name	Christense	n, Scott B.		У	
Applicant clain	ns small entity st	atus. See 37 CFR 1.2	27 /	Art Unit	2444		A PADEMAPH		
TOTAL AMOUNT O	F PAYMENT	(\$) 670		Attorney Docket No.	14970US0	2			
METHOD OF PAYMEN	T (check all that app	ly)		· · · · · · · · · · · · · · · · · · ·					
Check C	edit Card 🗌	Money Order	None	Other (please	identify):				
Deposit Acco	ount Deposit Acc	count Number: <u>13-0017</u>	7	Deposit Account	Name: Mo	Andrews Held & Mal	lloy		
For the above	identified deposit	account, the Director	is herel	by authorized to (che	eck all that	apply)			
	Fee(s) indicated	below		Charge Fee	(s) indicate	ed below, except for	the filing fee		
	any additional fee	e(s) or underpayments 1.17	of fees	s(s) Credit any o	overpayme	nts			
WARNING: Information information and author	on this form may rization on PTO-20	become public. Credit o	card inf	formation should not l	be included	on this form. Provide	credit card		
FEE CALCULATION	(All the fees be	low are due upon filir	ng or m	nay be subject to a	surcharge	9.)			
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		Fee(\$)	•	<u>Fee(\$)</u>		Fee(\$)	<u> </u>		
Utility	310		510 400	255	210	105		-	
Design	210		100	50	130	65		-	
Plant	210		310	155	160	80		-	
Reissue	310		510	255	620	310		-	
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3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra S	heets Num	ber of	each additional 50	or fraction	n thereof Fee(\$)	Fee Paid(\$)		
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4. OTHER FEE(S) Fee Pald(\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late fi	Other (e.g., late filing surcharge): Notice of Appeal (\$540); Petition for One Month Extension of Time (\$130) \$670								
SUBMITTED BY									
Signature	/Michael T. Cruz/			Registration No. (Attorney/Agent)	44	,636 Telephone	(312) 775-8000)	
Name (print/type)	Michael T. Cruz	7 CFR 1.136. The inform	nation in	required to obtain as	atain a boss	Date	March 20, 2009	_	

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-08)

Approved for use through 6/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2009 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 670 Attorney Docket No. 14970US02	Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).				Complete if Known Application Number 10/675,377					
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2444					Filing Date	September	(4)			
Applicant claims small entity status. See 37 CFR 1.27 Antoney Docket No. 14970USQ2				-	First Named Inventor					
METHOD OF PAYMENT (check at that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy For the above-identified deposit account, the Director is hereby authorized to (check all that apply) □ Charge Fee(s) indicated below □ Charge Fee(s) indicated below except for the filing fee □ Charge any additional fee(s) or underpayments of fees(s) ☑ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information and authorization on PTD-2339. FEE CALCULATION (All the fees bellow are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Application Type Fee (s) Small Entity Fee(s) Small Entity Plant 210 105 100 50 130 65 □ Utility 310 155 510 255 210 105 □ Design 210 105 100 50 130 65 □ Provisional 210 105 310 155 180 80 Reissue 310 155 510 255 620 310 □ Provisional 210 105 30 105 150 80 Reissue 310 155 510 255 620 310 □ Provisional 210 105 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T	or FY 2	009		Examiner Name					
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy	TOTAL AMOUNT	F PAYMENT	(\$) 670		Attorney Docket No.	14970US02				
Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Mallov For the above-identified deposit account, the Director is hereby authorized to (check all that apply) \[\text{Charge Fee(s) indicated below} \] Charge Fee(s) indicated below, except for the filling fee \text{Charge any additional fee(s) or underpayments of fees(s)} \[\text{Charge Fee(s) indicated below, except for the filling fee} \] Ucharge Fee(s) indicated below, except for the filling fee \text{Charge any additional fee(s) or underpayments of fees(s)} \] Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information and suthorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Application Type Fee(s) F	METHOD OF PAYMEN	T (check all that app	oly)							
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WARNING: Information and authorization on the form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTD-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)	Charge	Fee(s) indicated	below		Charge Fee	e(s) indicate	d below, e	except for the	e filing fee	
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HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) -3 or HP x = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid(\$) -100 /50 (round up to a whole number) X = 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Notice of Appeal (\$540); Petition for One Month Extension of Time (\$130) \$670 SUBMITTED BY Signature //Michael T. Cruz/ Registration No. (Attorney/Agent) A4,636 Telephone (312) 775-8000 March 20, 2009	<u>Total Claims</u>			Fee(\$)						
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HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid(\$) -100			· -		Fee Paid (\$)					
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Notice of Appeal (\$540); Petition for One Month Extension of Time (\$130) \$670 SUBMITTED BY Signature /Michael T. Cruz/ Registration No. (Altomey/Agent) 44,636 Telephone (312) 775-8000 Name (print/type) Michael T. Cruz Date March 20, 2009										
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Name (print/type) Michael T. Cruz Date March 20, 2009	Signature	/Michael T. Cruz/				44,	,636	Telephone	(312) 775-8000	
	Name (print/type)							Date	March 20, 2009	

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